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EDUCATION OF THE BLIND.

THE sixth annual report of the New England Institution for the Education of the Blind has just been given to the public. It cannot be read without exciting the liveliest emotions in every benevolent breast. Through the instrumentality of this school, the avenues to happiness, which were indeed blind ways to its unfortunate inmates, are now opened, and those powers which otherwise would have forever remained inactive, are both developed and directed.

Under the admirable management of its original director, Dr. Howe, the community are satisfied, and gratified too, with its present efficiency and future prospects. A biographical sketch of one of the pupils, pruned down almost to vegetable life as she is, in consequence of the total absence of what philosophers usually consider absolute requisites to constitute an intellectual, moral being, is so important and curious, that it is worthy of permanent medical record, and we therefore copy it from the report.

"Among the pupils who have entered during the last year, is one whose situation makes her an object of peculiar interest and lively sympathy. Laura Bridgman, a very pretty, intelligent, and sprightly girl, of eight years, is entirely blind, deaf, dumb, and almost entirely deprived of smell, and has been so since her infancy. Here is a human soul shut up in a dark and silent cell; all the avenues to it are closed, except that of touch, and it would seem that it must be but a blank; nevertheless it is active, and struggling continually not only to put itself in communication with things without, but to manifest what is going on within itself. The child is constantly active; she runs about the house, and up and down stairs; she frolics with the other children, or plays with her toys; she dresses and undresses herself with great precision, and behaves with propriety at the table and everywhere; she knows every inmate of the house by the touch, and is very affectionate to them. She can sew, and knit, and braid, and is quite as active and expert as any of the rest of the children. But all this, interesting as it is, is nothing compared to the mental phenomena which she presents; she has a quick sense of propriety; a sense of property; a love of approbation; a desire to appear neatly and smoothly dressed, and to make others notice that she is so; a strong tendency to imitation, insomuch that she will sit and hold a book steadily before her face in imitation of persons reading. It is difficult to say whether she has any sense of right

and wrong disconnected with the feeling that such an action will be reproved, and such an one approved by those about her, but certain it is, she will retain nothing belonging to another; she will not eat an apple or piece of cake which she may find, unless signs are made that she may do so. She has an evident pleasure in playfully teasing or puzzling others. The different states of her mind are clearly marked upon her countenance, which varies with hope and fear, pleasure and pain, self-approbation and regret; and which, when she is trying to study out anything, assumes an expression of intense attention and thought.

"It was considered doubtful when she came whether it would be possible to teach her any regular system of signs by which she could express her thoughts or understand those of others; it was deemed highly desirable, however, to make the experiment, and thus far it has been successful. Common articles, such as a knife, a spoon, a book, &c., were first taken, and labelled with their names in raised letters; she was made to feel carefully of the article with the name pasted upon it; then the name was given her on another piece of paper, and she quickly learned to associate it with the thing. Then the name of the thing being given on a separate label, she was required to select the thing from a number of other articles, or to find the article; for instance, the word key was given her, on a bit of paper in raised letters; she would at once feel for a key on the table, and, not finding it, would rise and grope her way to the door, and place the paper upon the key with an expression of peculiar gratification. Thus far no attention was paid to the component letters of the word; the next step was to ascertain the correctness of her notion, by giving her metal types with the separate letters on their ends; these she soon learned to arrange and to spell the word; for instance, the teacher would touch the child's ear, or put her hand on a book, then to the letters, and she would instantly begin to select the types and to set them in order in a little frame used for the purpose, and when she had spelt the word correctly, she would show her satisfaction and assure her teacher that she understood, by taking all the letters of the word and putting them to her ear or on the book.

"She then learned the arrangement of the letters in the alphabet, and is now occupied in increasing her vocabulary of words. Having learned the alphabet and the arrangement of letters into words, which she associated with things, she was next taught the manual alphabet, as used by the deaf mutes, and it is a subject of delight and wonder to see how rapidly, correctly, and eagerly she goes on with her labors. Her teacher gives her a new object, for instance a pencil, first lets her examine it, and get an idea of its use, then teaches her how to spell it by making the signs for the letters with her own fingers; the child grasps her hand, and feels of her fingers, as the different letters are formed—she turns her head a little one side, like a person listening closely—her lips are apart—she seems scarcely to breathe—and her countenance, at first anxious, gradually changes to a smile, as she comprehends the lesson. She then holds up her little fingers and spells the word in the manual alphabet; next takes her types and arranges her

letters, and last, to make sure that she is right, she takes the whole of the types composing the word, and places them upon or in contact with the pencil, or whatever the object may be.

"The process of teaching her is of course slow and tedious; the different steps to it must be suggested by her successive attainments, for there are no precedents to go by;* but thus far the results have been most gratifying. She has not yet been long enough under instruction (four months only) to have got beyond the names of substances; the more difficult task of giving her a knowledge of names, expressive of qualities, feelings, &c., remains yet to be accomplished. No sure prognostic can be made, but much is to be hoped from the intelligence of the child, and the eager delight with which she lends all her attention, and the strong effort she evidently makes to gain new ideas; not from fear of punishment, or hope of reward, but from the pleasure which the exercise of the faculties confers upon her. No pains or expense will be spared in efforts to develope the moral and intellectual nature of this interesting child, and no opportunity lost, of gathering for science whatever phenomena her singular case may furnish.

"Laura was born of intelligent and respectable parents, in Hanover, N. H. When a mere infant, she was subject to very painful and dangerous "fits," the nature of which do not seem to have been well understood. Until twenty months old, though a pretty and interesting child, she was weak and fragile—a breath would have blown out the flame; but at that age she began to rally; her health seemed firmly established; her mental faculties rapidly developed themselves, and when she attained her second year she was more intelligent and sprightly than common children; she could already prattle some words, and had mastered the difference between A and B. But in a month after her sky was again overcast; she sickened and came near unto death; the disease, however, seemed to be baffled within, and to have fastened upon the external organs of sense, and in five weeks it was perceived that her sight and hearing were forever destroyed. During seven weeks of pain and fever she tasted not a morsel of food; for five months was she obliged to be kept in a darkened room; it was a year before she could walk unsupported, and two years before she could sit up all day. She was now four years old, and as her health and strength began to be established, she learned to go about the house and manifested a desire to be employed; not by her looks, for she was blind—not by words, for she was dumb. She could, it is true, for a time pronounce the few words she had before learned; but not hearing the *sound of her own voice*, she soon lost the command of her articulation—the sound answered not to the thought—the will lost command of the tongue—and the last articulate word she was ever heard to utter, was "book!" But

* Julia Brace, the deaf, dumb, and blind girl, in the Institution for the Deaf Mutes, at Hartford, did not succeed in attaining a knowledge of the written signs significative of objects. Julia possessed her senses until the age of four years, and she is aided by a sense of smell, sharpened by practice, to the acuteness of the vulture, while Laura has it so imperfectly as that she may be said to be without smell. James Mitchell, whose case is noticed by Dugald Stewart and other philosophers, did not learn any system of arbitrary signs, nor is there any case on record of a person deprived of sight and hearing succeeding in doing so.

she was not only deaf, and dumb, and blind, her isolation was still more complete—the sense of smell was so blunted as to be entirely useless, and only affected by pungent odors; of course, half the pleasure of taste was gone, and she manifested indifference about the flavor of food.

"It would seem that in this total darkness—this dreary stillness—this isolation from all communication with kindred spirits, the immaterial mind must have remained in infantile imbecility, while the body grew in stature and strength, or have attained a perception of its loneliness, only to pine and die at the discovery. But not so; every day she became more active and more cheerful; and she is now (as far as the closest scrutiny can ascertain the state of her mind) not only unrepining, but contented and happy. The sense of touch alone remains, and the sight of this unfortunate girl fills one with admiration, not only of the perfectibility of the senses, but of the wonderful power of the mind to adapt its operations to any circumstances of its bodily tenement—to put itself in relation with external things, and to obtain its own stimuli and manifest its own emotions through the most imperfect media.

"There is the strongest evidence of a thirst for knowledge—of an internal, intellectual want which can be gratified only by a new idea. Her greatest pleasure is to learn a new stitch—a new way of knitting or braiding—a new word—or to discover the application and use of any new thing; and her eagerness to learn is only equalled by the quickness of perception which she manifests.

"There is strong hope that if her life be spared, the patient and persevering efforts of the humane, aided by the ingenuity and councils of the wise, will succeed in throwing much light into her dreary prison, and be rewarded not only by the satisfaction of imparting happiness, but by new views of the operations of mind."

SMALLPOX AND VACCINATION.

[The following remarks are extracted from a lecture recently delivered in Woodstock, Vt., by Dr. Palmer, of that place. Reference was made to his opinions on vaccination, in the Journal for the 7th inst.]

After all that has been said or can be said, vaccination is not a perfect protection against smallpox. It is a perfect protection from death or danger from smallpox, and in most cases from any symptoms of that disease. But in a certain proportion of cases vaccinated persons are affected by a mild disease on being exposed to the smallpox contagion. To this modified disease the name of varioloid has been given. It is unlucky that physicians should have coined this new name, as it has, no doubt, tended to perpetuate the mistaken notion once entertained that it was truly a new disease. During the prevalence of the late epidemic in this place abundant evidence has been offered of the identity of varioloid and smallpox. The fact had always been observed, that many of the nurses in the pest-houses, who had been through the smallpox, were subject to a slight indisposition with more or less of eruptions, about a fortnight after full exposure to the variolous contagion. But the dogma

of the schools had gone forth, that none ever had this disease a second time, and these facts were smothered up or got rid of, like a multitude of other facts, which militated against favorite dogmas in philosophy. On the first introduction of vaccination it was claimed, as it had been for smallpox, that it conferred a perfect immunity from a subsequent attack of that disease. When a more extended experiment developed the fact that many who had been vaccinated were liable to suffer from symptoms resembling smallpox, the fact was attempted to be explained by the hypothesis of a genuine and *spurious* cowpox; and much was said about the period at which the vaccine matter should be taken for inoculation. It however soon appeared that those who had the most unequivocal evidence of genuine and effectual vaccination, were liable to the attack of this *new malady*, as it was then called, by the zealous friends of vaccination, who alleged that varioloid had recently been imported from India, the great storehouse, real or imaginary, of every pestilence which, since the period of authentic history, has desolated the western nations.

It is impossible, in the present state of our knowledge, to say what proportion of those, who have been properly vaccinated, will have varioloidal symptoms on being exposed to smallpox.

By those who take the most unfavorable view of the matter, it is admitted that vaccination disarms smallpox of all its terrors—that, although one in ten, or less, or more, may have some of the slighter symptoms of the disease, yet there is no secondary fever, no pitting, no fetor, and no danger. Another important question, which cannot at present be satisfactorily settled, is, whether the protective power of vaccination is on the decline. The more *general* opinion of those who have examined the subject is, that this is the case—that a larger proportion of those who have been vaccinated within the last few years have varioloid, than of those who were subjects of the disease immediately after its introduction. But, however this question may be settled, it does not in the least affect the main conclusion of the immense value of this protection. Some wise men, by a process of hypothesis-building, have arrived at the conclusion, that the vaccine protection will wear out, or fade out of the system in seven years, or fourteen years, or at the age of puberty, or at some other period, which they have made out by their *learning*. But *facts* are against all such conclusions. Many persons who were vaccinated thirty-five years ago, have been freely exposed to smallpox, during the late epidemic, without a single instance of infection; while all the cases of varioloid occurred in persons whose vaccination was comparatively recent. One of the proofs of the identity of smallpox and varioloid is the fact, abundantly substantiated, that persons laboring under the latter affection communicate the former, sometimes in its worst form. A most interesting question, growing out of this fact, is, under what circumstances can this communication be made? Many of the cases of varioloid are so mild as scarcely to confine the subject of it to his room for an hour. A slight headache, perhaps a chill, and trifling disturbance of the stomach, is all that is felt. To these symptoms of the lowest grade of the disease is superadded, in all the cases of any

greater severity, more or less of an eruption; sometimes two or three red pimples, which are visible for a day and then fade, without even rising above the level of the skin, or assuming the vesicular appearance. It is *probable* that these cases will not communicate smallpox—probable, but not certain. We have no recorded and authenticated facts on this point, and on all this subject facts are everything, opinions not founded on fact a little worse than nothing.

DR. MARSHALL HALL ON TUBERCLE.

[Continued from page 57.]

GENTLEMEN:—The greater part of my last lecture was occupied with a translation of a MS. from my friend, M. Louis, of Paris. It is a document which cannot fail to excite your admiration. *It is the result of immense labor on the part of a man of unparalleled scientific accuracy, probity and truth.* I am sorry to observe that there are profligates in scientific, as well as in pecuniary matters. From such we turn with ineffable delight to such an elevated and noble example as M. Louis. It is principally from this document that I would draw a few inferences in reference to the question of

III. *The Relation of Tubercle with Inflammation.*—There have been perpetual disputes amongst pathologists upon this question. M. Broussais asserts the affirmative; M. Louis the negative; and physicians generally are divided in their opinions upon this point; in a word, it has been distinctly seen that there is a connection between tubercle and inflammation, and yet the real nature of that connection has not been detected.

I think it will appear obvious to you, from the facts which I shall now adduce, that tubercle is *not* a simple *effect* of inflammation. I think it will be equally obvious that tubercle is *not*, in its pristine condition, a *cause* of inflammation. What, in fact, are the signs of inflammation? Redness, tumor, enlarged capillaries, and minute arteries, effusion of serum, effusion of lymph. Do these phenomena, or any of them, uniformly attend the development, the existence of tubercle? I believe not.

Nay, the very commonest results of inflammation—the effusion of serum, or of lymph, do not take place at the moment that tubercle is deposited, or during the crude state of this morbid deposit. It is true that tubercle is described as being sometimes *encysted*. But in the whole course of M. Louis's inquiries he found encysted tubercle but *once!* In addition to this fact I may observe, that the bronchial tubes, the cellular texture of the lungs, adjacent to crude tubercles, and the pleura covering them, do not display any marks of inflammation. The first are free from redness or other inflammatory affection of their mucous membrane; the second is free from consolidation; and the last from the deposite of albumino-fibrine, or lymph.

I may, therefore, conclude that the formation and presence of tubercles are unattended by the usual effects of inflammation. What, then, *is* the relation between these two pathological conditions?

Tubercle, when quite crude and simple, has *no* connection with inflammation. It is only when tubercle begins to *soften* that it becomes as a *foreign body* in the economy, *exciting*, like a thorn in the cutaneous, or like a bullet in the muscular, textures, or like the pus of an ordinary abscess, inflammation with its train of consequences. Tubercle induces inflammation as it softens; it induces the adhesive and the ulcerative ulceration; it induces the formation of a cyst, lining the cavity which it leaves; these cavities are covered by firm layers of lymph deposited upon the surface of the pleura. The process of ulceration proceeds, and sometimes we have even *perforation*.

The bronchial tubes adjacent to *tubercles* are pale and uninflated; the bronchial tubes continuous with tuberculous *cavities* are red and affected with inflammation.

The pleura over *tubercles* is free from adhesions, free from the effects and evidences of inflammation; the pleura over *cavities* is defended by layers of albumino-fibrine, firm, diffused, and sometimes of a cartilaginous hardness.

And now, Gentlemen, I think you perceive clearly the true relation between inflammation and tuberculous disease. Tubercle is deposited from the influence of *constitutional* causes, and is neither *effect* or *cause* of inflammation. Softened tubercle is a foreign body, and the exciting cause of inflammatory processes, in the same manner as ordinary pus; the case of perforation is precisely that of the progress of abscess; it is a less frequent event than it would otherwise be, on account of the firm layers of lymph deposited by another inflammatory process upon the superjacent pleura. Through these layers of lymph softened tubercles do occasionally penetrate, however, like the pus in ordinary abscess, and have passed into the sac of the pleura, and even to the external surface of the thorax.

I must now introduce another interesting topic to your notice in reference to tubercles; it is that of

IV. *The Diffusion of Tubercle.*—Whilst inflammation is frequently, nay, generally, confined to one texture, organ, or cavity, tubercle is apt to be diffused—to affect several textures and organs at the same time.

The degree of frequency in which tubercles occur in the different organs, is represented in the following table of M. Louis, which is founded upon 358 post-mortem examinations. Tubercle existed in the

Lungs	in ALL the cases except one
Small intestine	" one third
Mesenteric glands	" one ninth
Large intestine	" one fourth
Cervical glands	" one tenth
Lumbar glands	" one twelfth
Prostate	" one thirteenth
Spleen	" one twentieth
Kidneys	" one fortieth

Cerebrum; cerebellum; spinal marrow; uterus; urethra —in one case only.

This table is full of interest, and deserves to be carefully studied; it is only in the lungs that tubercles exist alone.

The *left lung* and the *upper lobe* appear to be the most prone to the development of this disease. In seven cases, observed by M. Louis, in which the tubercles were confined to one lobe, they existed in the left lobe alone, in five; in the right, in two only. The grey granulations, tubercles, cavities, are all more frequent, numerous, and advanced, in the entire upper lobe, than in the lower lobe, but especially at its apex; the former is sometimes impermeable to the air, whilst the latter is still subservient to respiration. In 38 cases, M. Louis observed this fact 28 times in the left lung, and 10 times only in the right. In 8 cases of perforation of the pleura, 7 were also observed in the left lung.

There are several questions of considerable interest still to be determined by future observation: a first is, in what proportion of the cases of phthisis are the tubercles confined to the lungs? a second, in what proportion of cases of tuberculous affection, is the disease predominant in the mesenteric glands? a third relates to the proportion of cases in which tubercle is diffused over many organs, cavities, surfaces, &c.

I shall now briefly state an important law, and some important facts deduced by M. Louis from his observations upon this disease:—

1. M. Louis has ascertained, from the analysis and comparison of 358 cases, of which 127 were cases of death from phthisis, and 40 from other diseases, that tubercles never occur in any organ in the body, after the age of fifteen, except in cases in which they also exist in the lungs.

2. A second deduction of M. Louis is, that ulcerations of the epiglottis, the larynx, or the trachea, are not observed in any chronic disease, except phthisis (tubercles) and syphilis.

3. A third deduction relates to the existence of ulcerations of Peyer's glands, which are only found, in chronic diseases, in connection with tubercles in the lungs.

4. A similar deduction relates to chronic peritonitis, chronic from the beginning.

5. A fifth deduction from the observations of M. Louis is, that the affection termed fatty liver, is almost exclusively a complication of pulmonary tubercle.

Such are the results of the original researches of M. Louis; they relate to ages beyond that of 15. M. Lombard has pursued the inquiry in reference to infancy and the earlier periods of life:—

1. Tubercles are very rare in the fœtus and in the early months after birth.

2. They become rather more frequent towards the age of four years; and exceedingly so from four to five.

3. They again become less frequent after the age of five years to that of puberty.

4. After puberty, tubercle again becomes more frequent, but in the lungs only.

It is further ascertained that tubercles are more diffused, and more frequently occur in other organs, without affecting the lungs, in infancy than in adult age.

They also exist in the various organs in a different proportion; out of 100 cases, for instance, tubercles occurred in the mesenteric glands in 31, and in the intestines in 9.

M. Andral has deduced from his own observations that men are more subject to tubercles from the age of 21 to that of 28, while females are more exposed to this disease before the age of 20.

M. Andrel observes that after the age of puberty the term tubercle becomes nearly synonymous with phthisis. I have, however, traced the symptoms and appearances of tuberculous disease in the abdomen, in many cases after the age of 15, and especially between that period of life and the age of 25. In one interesting case, the patient was 35.

There is one other observation which I have made:—I have seen phthisis in several members of one family, and abdominal tubercles the predominant disease in those of another. So that not only the disease, but its form and seat, would appear to be derived from hereditary tendency.

[To be continued.]

SURGICAL CASES.

[Our correspondent has certainly furnished some very singular cases, for which we make our acknowledgments. That which relates to lithotomy, purports to have been performed, in the most culpable manner, by a surgeon who has long been distinguished for manual adroitness and success in his operations—whose name and fame have for many years been familiar to us. Fearing that there is something enigmatical in the report, or some possible mistake, either on our own part in reading the manuscript, or in the writer, we have taken the liberty of erasing the name of the surgeon. The author of the communication being an entire stranger, he will not consider us unnecessarily cautious in regard to the feelings or character of one whom we have always respected as a man of science, a gentleman, and a worthy citizen of the State of New York.—Ed.]

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I here enclose two or three cases that have fallen under my observation, which, if you should think them worthy of notice, you are at liberty to dispose of as you may think proper. Yours, &c.,

Oswego, N. Y., Jan. 27th, 1838. P. H. Hurd.

Case I.—*Spina Bifida.*

10th March, 1835, I was called to see a female child, two months old, laboring under *spina bifida*. She was healthy and rugged, the general functions natural, with free use of all the limbs. The tumor was situated over the sixth and seventh dorsal vertebræ, semi-transparent, two inches lateral diameter, one and a half vertical, and three fourths elevated. On examining, found an opening between the above vertebræ, sufficient to admit the end of the finger. It occasioned much uneasiness

during pressure; had increased one third since birth. I considered it a fair case to attempt a cure. Punctured the integuments with a spear-pointed needle, and let it ooze half an ounce of transparent fluid resembling serum; applied a compress and bandage, moderately tight, and put her to bed; gave an anodyne. 11th, found her quiet; had rested very well through the night; the fluid accumulating; ordered a dose of ol. ricini. 12th, comfortable; the tumor near its full size. Punctured as before, took one ounce, reapplied the compress and bandage. 15th, quite easy; tumor about its usual size. Opened it and let one ounce; tightened up the bandage. 19th, had been somewhat uneasy; not quite the usual quantity of fluid. Punctured and let the same quantity. 21st, less voluminous; symptoms quiet. Let all the fluid out (about one and a half ounce); applied a pledget of soft linen, spread with basilicon, and over this adapted a truss, the pad shaped to cover the whole tumor, and depress it in its centre. This created much uneasiness; slight subsultus. Removed it after it had been on one hour; directed it to be reapplied one hour after, and continued till the uneasiness returned, and follow up the removing and applying as she could best bear it. 22d, had been able to wear the truss about four hours in the twenty-four; showed some appearance of inflammation. Left the truss off one day, and substituted the compress and bandage. 23d, reapplied the truss, and left discretionary power to remove and reapply as the exigences might be.

Suffice to say, after three weeks, alternating its use, it became bearable constantly; the skin began to contract and thicken, appeared partially opaque; the volume gradually diminishing, and at the end of three months from the application of the truss, a strong cicatrice had formed over and obliterated the opening almost entirely. Continued the application one month longer, and discharged her cured. She is at this time well and healthy, and as strong in her back and limbs as any other child.

I have another similar case, with this difference, the child is six months old, the integuments thicker, and opaque tumor between the last dorsal and first lumbar vertebræ, in which the same course of treatment is now pursuing; and I have reason, from present appearances, to think that it will ultimately succeed, though it will require much perseverance and time. These are the only cases, out of fifteen or sixteen that have fallen under my observation, which could promise the least hope of success.

CASE II.—*Operation for the Stone, on a Female.*

This case presents a novel method of operating on the female for urinary calculi. I say novel, for I am sure neither common sense nor the darkened ages of the profession would ever have sanctioned such a plan. The patient, a widow, about 35, of "*easy virtue*," and constitution somewhat impaired by a disease previously contracted, found herself laboring under symptoms of urinary calculi. Nothing peculiar was exhibited but what is consonant with said malady. In July last, Dr. —— was called to operate in the presence of myself and Drs. Mower and Baker. The patient was placed as is usual for the opera-

tion. An excavated piece of wood was introduced per vaginam, to press back (as the operator suggested) the matrix, to avoid wounding it, and supported by an assistant. The grooved staff was next introduced, and the beak of the largest sized gorget applied to the groove almost half an inch anterior to the orifice of the urethra. The gorget was then firmly carried back in the groove near four inches, severing the urethra and about three and a half inches of the bladder. The forceps were next introduced, and the stone grasped, but owing to its soft consistence it was crushed and a small fragment only brought away. Then with the thumb, two first fingers, and scoop, the remaining part, with some coagula, was removed. The size of the calculi was about that of a hickory nut. The patient was put to bed apparently comfortable. The operator desired me to take charge of her. I declined, knowing full well what would be the sequel, and wishing to prevent his saddling censure, by pleading subsequent mal-treatment. It resulted as might be expected; neither the urethra nor bladder has united, nor ever will, but will leave the patient to linger out a "loathsome existence" (as she terms it) far more intolerable than that of her previous malady. I have been informed that this is his usual method of operating, with similar results. Now I would ask, in the name of charity, does not the dividing of the urethra perfectly destroy all chance of recovery? Can there be a canula or any other apparatus applied and retained, to convey the urine away, obviating its infiltration through the preternatural opening? Certainly not. Then the consequences must be obvious. Is there any authority, saying nothing about common sense, in the matter?

I should not have sketched this case, were it not for the circumstance of its author standing before the public as one whose duty it should be to lead us into the enlightened paths of science, and for the benefit of suffering humanity.

CASE III.—*Ramping Surgery!*

This is a case that fell under my observation last March, where attempts at accouchment were made by a miserable tyro, whose stupidity was only commensurate with his ignorance. It was in his own family. The woman was of middle age, good constitution, regularly formed. She was taken with labor for the fifth time, and after a lapse of several hours a seat was prepared on the side of the bed, on which she was placed. The husband being seated, on examination, found the right hand presenting. He made forcible extension on this, but could not succeed. The pains becoming insufferable, he noosed a piece of a bed-cord around the wrist of the child, and placing his foot against the bed-stead and fundament of the patient, straightened back, with "*might and main*," till the arm gave way, letting the operator, with his chair, over upon the floor, the arm flying to the back side of the room. (What a figure for the pencil of a Hogarth!) This rather dampened his zeal, and he started after a regular accoucheur; but just as the latter arrived, nature had expelled the fœtus without aid, by producing a spontaneous evolution, and giving the head a natural position. The child appeared large and sprightly. The father was directed to send immediately for a surgeon, and see what was to be done. He deferred eight hours (probably

in hopes that death would aid in cloaking his infamy), at which time he called on me. I found the arm horribly mutilated; the humerus had given way one inch above the elbow joint; the skin at the shoulders, the muscles, tendons, nerves, and bloodvessels, yielded at their weaker points; some oozing of blood. I amputated at the shoulder joint, drew the integuments together, which united readily, and discharged him in fourteen days, well. He is now a healthy and sprightly child.

I mention this case, as well to exhibit how much the fœtus will suffer in utero with impunity, and what nature will do in accomplishing her purposes without interference, as to show to what extremes such ignorant pretenders will go in carrying out their presumption. I can cheerfully say that there are but very few parallel cases on record, where there is so much turpitude of heart and wanton depravity as was exhibited in the above case.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 21, 1838.

STATE LUNATIC HOSPITAL.

The fifth annual report of this admirable institution has been published at the expense of the Commonwealth. In its character of a medical document, it is so important, that we confess ourselves in a dilemma in relation to the portions which should be selected as specimens, for those who cannot have access to the whole. As in former years, the tabular arrangement of the patients at once enables the reader to understand the precise condition of every individual in the hospital, accompanied by a succinct biographical sketch of each, in the fewest words.

Dr. Woodward says, triumphantly, and justly too, "Another year of prosperity is added to the records of the hospital, and we here present our annual tabular view, which will show what has transpired in our wards for the past year, and in what condition we commence another.

"In less than five years, we have received *six hundred and seventy-eight* patients, making more than what is equal to an entire change every year.

"We have sent back to society and their friends, a large number entirely restored to health and a sound mind, and many more whose condition has been essentially improved. With this large number of the insane, many of whom were furious and dangerous, so as to make it quite unsafe that they should be at large, we have been preserved from any serious accident and from dangerous disease."

During 1837, one hundred and sixty-eight patients—ninety-four of whom were males, and seventy-four females—were admitted into the hospital. When the last year closed, one hundred and thirty-eight remained of the former inmates, which, with the new entries, makes a total of those under medical treatment in the year, of three hundred and six. In the same period there were nine deaths, being at the rate of one in thirty-four.

Here follow the author's observations on the fifteen tables contained

in the report, with various practical and philosophical remarks upon insanity, which are entitled to particular consideration as the results of a critical analysis of the diseased mind, by one whose sole occupation is directed to that one subject, under the highest advantages. As it is not now convenient to copy extensively, we shall only introduce the following per centage of recoveries, presuming that free drafts made upon the report hereafter, will be acceptable.

"The recoveries from insanity arising from intemperance, are about fifty per cent.; arising from domestic afflictions, something more than *fifty-five* per cent.; arising from ill-health, something more than *sixty-two* per cent.; from religious causes, about *fifty-two* per cent.; from masturbation, about *thirteen* per cent."

Dr. Woodward's views on what is denominated *moral insanity*, will be well received. He touches another department, insanity from religious causes, with extreme delicacy, yet with a firmness and discretion that meet our warmest approbation. We recollect the circumstance, as one of the happiest in our life, that we had the opportunity of acting officially, in the legislature, to forward Dr. Woodward's project of erecting a chapel exclusively for the insane, which, say the Trustees, "*is believed to be the first house of worship ever erected exclusively for the insane.*"

New Magnetic Electrical Machine.—Dr. Charles G. Page, late of Salem, now of this city, has invented a new magneto-electrical machine, which furnishes a galvanic power equivalent to that from a deflagrator of 100 pairs of plates of common size. We see no reason why this instrument will not supersede entirely the galvanic battery in the laboratory of the chemist, and for all other purposes. Faraday was the first to discover the means of developing galvanism by the action of the common steel magnet, but Dr. Page will have the honor of having first rendered this discovery useful to the scientific world. Within a few years a variety of magneto-electric machines have been contrived in Europe, illustrative of Faraday's important discovery; but they are useless, except as matters of pleasing interest, from the fact that the elements of bodies to be decomposed could not be obtained separate, there being always two opposing galvanic currents. In the apparatus contrived by Dr. Page, the current is a single and constant one of great power, and the elements of all decomposable bodies are rendered separate and at their appropriate poles. The shock from this instrument is far greater than that from a hundred pairs, and it would, doubtless, kill a large animal. We understand that a full and accurate description of this machine will be given in the coming April No. of Silliman's Journal.

Ossification of the Vitreous Humor.—In the 6th No. of the 18th Vol. of this Journal, is recorded a case of ossification of the vitreous humor in two eyes taken from the same subject. Other examples are mentioned in works on diseases of the eye. In one case, says Mr. Wardrop (vide Essays on the Morbid Anatomy of the human Eye), "Besides the capsule of the lens being ossified, I found several large but thin scales of bony matter, dispersed in an irregular manner throughout the vitreous humor, which, in all probability, were ossifications of the hyaloid membrane. In another eye, extensively disorganized by serious disease, and shrunk, the cavity of the globe within the choroid and iris, was occupied

by an irregularly-shaped bony mass, composed of two distinct portions, slightly connected. The anterior was spherical, and consisted of a thin hollow shell of bone; it appeared to be the capsule of the lens ossified. The other occupied the situation of the vitreous humor; and from the inequality of its surface, being composed of numerous osseous laminæ irregularly disposed, I conceived it to be portions of the hyaloid membrane ossified." A similar case is related by Morgagni, and another by Scarpa. Colored plates, representing these ossifications, accompany the very valuable work above referred to. It has been observed, that most of the textures belonging to the eye, if not all of them, have been found converted into bone, more or less extensively; the change having seldom been observed, excepting in eyes which had been seriously disorganized by acute inflammation many years before death, and had then remained collapsed and shrunk, or at all events deprived of vision. The subject, therefore, generally speaking, is of no practical importance, but is not undeserving of the attention of the morbid anatomist.

Blind Institution.—The philosophical reader will find much to interest him in the history of a little girl belonging to this institution, copied in detail in this day's Journal. Here is an individual giving conclusive evidence of being in possession of a mind, operating independently of those organs of sense on which its very powers, nay, existence, as some affirm, necessarily depend. She neither hears, sees, speaks, or smells; touch and taste are the only avenues through which she holds communication with the world. And were these taken away, is it likely that the body would be reduced to vegetable life, bereft of its now presiding, controlling power of intellect? To the metaphysician, we recommend the consideration of this individual case, and ask him to solve the question if he can—what would be the condition of her intellect, were touch and taste taken away?

Louisville Medical Institute.—On the 2d inst. the degree of Doctor of Medicine was conferred on twenty-four gentlemen, who had undergone satisfactory examination and submitted theses on various subjects. The honorary degree was conferred on S. C. M'Whirter, of Wilson Co., Tenn., and J. M. Talbot, of Louisville, Ky.

Smallpox among the Indians.—The Globe publishes a letter from Gen. William Clark, the Superintendent of Indian Affairs at St. Lewis, giving the most melancholy description of the ravages of the smallpox among the tribes of Indians in the Upper Missouri. The Mandans, consisting of one thousand persons, had been reduced, by the scourge, to thirty-one. Of the *Gros Ventres*, or Minetarees—a tribe of 1000 strong—one half had perished, and the disease was still raging. The Ricaras tribe, numbering about three thousand, had been reduced one half at the last dates. Most of those that survived, subsequently committed suicide—some by shooting or stabbing, and some by throwing themselves from the high precipices along the Missouri. The great band of Assinneboins, say 10,000 strong, and the Creeks, numbering about 3000, have been almost annihilated. The disease had reached the Blackfeet, of the Rocky Mountains; a band of 1000 lodges had been swept off,

and the disease was rapidly spreading among the different bands of that great tribe, numbering about 60,000 souls. Immediately on the receipt of this deplorable intelligence at Washington, measures were adopted by the proper authorities to afford alleviation, and if possible to prevent the further spread of the scourge.

Bloodletting in Turkey.—All unnecessary spilling of blood is rigidly forbidden by the Koran, notwithstanding which, the Turkish surgeons do sometimes draw blood immoderately. Scarification, or rather cupping, is a frequent and favorite remedy in many diseases, and is performed in the primitive fashion, originally common amongst uncivilized nations, and still not quite obsolete in the highlands and islands of Scotland, viz., by making an incision with a razor and using the mouth and a sheep's horn as an exhausting means for extracting the blood. Venesection is also in frequent use, and is performed by means of a round-pointed lancet contained in a sheath, from which it is projected, by means of a bow or spring, to a certain depth into the skin.

Medical Appointments in the Navy.—Geo. Climer, Isaac Brinckerhoff, Wm. M. Wood, J. Vaughan Smith, Jones W. Plumer, Solomon Sharp, Daniel Egbert, Amos G. Gambrill, and Wm. A. W. Spotswood, to be Surgeons in the Navy from the 20th February, 1838.

J. W. B. Creenhow, of New York; George Maulsby, of Pennsylvania; Charles J. Bates, of Massachusetts; Wm. A. Green, of Pennsylvania; Wm. Grier, of Maryland; Edwin H. Conway, of Virginia; J. Winthrop Taylor, of New Jersey; James Monroe Minor, of Virginia; Buckner T. McGill, of Virginia; Philemon Baker, of New Jersey; to be Assistant Surgeons in the Navy from the 7th of March, 1838.

Medical Miscellany.—Dr. M. Castle is lecturing on phrenology in a church on Poydras street, at New Orleans.—At the annual meeting of the members of the Dispensary in the city of Providence, last week, the officers were elected for the ensuing year.—Dr. Duncombe, one of the Canadian revolutionist leaders, is giving lectures at Cleaveland, Ohio.—The scientific acquirements of Dr. Falconer, Civil Surgeon of Suharempore, India, are much extolled in the papers of the East.—Mr. Potter, of Providence, is lecturing on animal magnetism at Baltimore. The audience should be furnished with the World of Wonders, recently published, for a text book.—Intermittent fever seems to prevail at the west to a considerable extent.—The disease which is sweeping off the Indians so fearfully near the Rocky Mountains, seems to differ very considerably from the smallpox, which never terminates fatally in a single day, as represented in the case of this distressed race.—Dr. J. W. Graves, of Lowell, received, at the late election, 529 votes, out of 1400, for mayor of that city.—The executors of the late Dr. Jonas Preston, of Philadelphia, have paid over the residue of his estate, amounting to $350,981 55, bequeathed by him for the establishing a Lying-in Hospital in that city, exclusively for indigent married women.—Particular states of the atmosphere have been noticed to have an effect in the production of ptyalism, the cold and dry conditions being thought to render it more difficult.

To Correspondents.—The communication from Keene, N. H., is in the compositor's hand for next No.—also, another from our old correspondent, Dr. Williams. Dr. Stevens's Lectures on Lithotomy are also received.

Whole number of deaths in Boston, for the week ending March 17, 37. Males, 21—Females, 16.
Consumption, 5—debility, 2—marasmus, 2—infantile, 3—suicide, 1—convulsions, 1—stoppage in the bowels, 1—palsy, 1—lung fever, 4—old age, 4—cholera infantum, 1—hooping cough, 1—measles, 1—accidental, 1—influenza, 2—fits, 1—brain fever, 1—dropsy in the bowels, 1—stillborn, 7.

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